



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF GEOLOGY AND LAND SURVEY

WATER WELL RECORD
AND
PUMP INFORMATION RECORD

(PLEASE PRINT CLEARLY)

| | | | |
|-----------------|--------|-------------|---------|
| DO NOT FILL IN | | D E ECE ED | 9/13/89 |
| F O | 32934 | C FC | 8288 |
| CROSS RE ER | E O | L O | 454832 |
| S A E WELL N MB | R00676 | ENT E | |
| C EC ED BY | | D E E TE ED | |
| O ED B | | D E O E | |

| | | | | | | | |
|---|---|---------------------------|---|--|---|---|--|
| OWNER | ME <u>George May Jr</u> | | E EPHO E D | | 314-729-5924 | | |
| ADDRESS | Rt 2 | | C | | Salem | | |
| OWNER STATUS | <input checked="" type="checkbox"/> BUILDING CONTRACTOR <input checked="" type="checkbox"/> PRIVATE HOME OWNER | | <input type="checkbox"/> DEVELOPER <input type="checkbox"/> OTHER (SPECIFY) | | <input type="checkbox"/> BUILDER | | |
| DRILLING CONTRACTOR | ME | | PUMP CONTRACTOR | | ME | | |
| DRILLING EQUIPMENT | <input type="checkbox"/> MUD ROTARY <input type="checkbox"/> CABLE TOOL | | <input type="checkbox"/> REVERSE ROTARY <input type="checkbox"/> AUGER (TYPE) | | <input type="checkbox"/> AIR ROTARY <input type="checkbox"/> OTHER (SPECIFY) | | |
| CASING DETAILS | LENGT | D M (N) | WEIG SD O | DAM OFD OLE | JOINTS | TH EADED | |
| PACKER INFORMATION | USE O CAS G? | C DE TH () | USED ON LNER? | YES NO | | | |
| CASING GROUTING DETAILS | <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> TOP <input type="checkbox"/> BOTTOM | | <input type="checkbox"/> NEAT CEMENT <input type="checkbox"/> BENTONITE <input type="checkbox"/> CUTTINGS <input type="checkbox"/> OTHER | | DEPT OF SE TOP BOTTOM | | |
| LINER DETAILS | E G | D M () | W SDR NO | D PT OM SUR CE | JOINTS | | |
| LINER GROUTING DETAILS | TY EO BE L <input type="checkbox"/> FULL LENGTH <input type="checkbox"/> TOP <input type="checkbox"/> BOTTOM | | MA CR LUSE <input type="checkbox"/> NEAT CEMENT <input type="checkbox"/> BENTONITE <input type="checkbox"/> OTHER | | DE O B L TOP BOTTOM | | |
| SCREEN DETAILS | EO TY | LE O OPEN O QU ER () | O ZR | D M () | CKNESS O G VE C | | |
| YIELD TEST | <input type="checkbox"/> BAILED <input type="checkbox"/> PUMPED <input type="checkbox"/> COMPRESSED AIR | | O RS | E D (G M) | WELL D BINFEC A D LL NG? | | |
| WATER LEVEL | M ASU E O LANDS R CE S A IC (F) | | DURING YIELD TEST FT AFTER HOURS | | ABANDONED WELL | | |
| COMPLETION DATA | PUM CTY | MAKE OF PUMP | TYPE OF DROP PIPE | | PUMP SET BY | | |
| DEPTH FROM LAND SURFACE FEET TO FEET | | FORMATION DESCRIPTION | | DIAMETER OF DRILL HOLE | | LOCATION OF WELL | |
| 2 1/2 inch casing above ground | | | | | | AREA NO 5A COUNTY Dent SURFACE ELEVATION 34 TWN 35 N RRG 6 W | |
| IF YIELD WAS TESTED AT DIFFERENT DEPTHS DURING DRILLING LIST BELOW | | GALLONS PER MINUTE | | I HEREBY CERTIFY THAT THE WELL HEREIN DESCRIBED WAS CONSTRUCTED IN ACCORDANCE WITH THE DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS FOR THE CONSTRUCTION OF WATER SUPPLY WELLS AND/OR MONITORING WELLS | | | |
| NOTES: DIRECTION AND DIRECTION FROM E 1 TOWN OR HIGH W | | DATE | | SIGNATURE (W L D) | | | |
| 9-13-89 | | | | D E 9-6-89 | | | |
| INFORMATION TO BE SUPPLIED BY OWNER | | FOR MONITORING WELLS ONLY | | WELL POINT NUMBER | | | |
| PROPOSED USE OF WELL | | DATE | | WASTE MANAGEMENT | | | |
| <input type="checkbox"/> DOMESTIC () CONNECTIONS <input type="checkbox"/> PUBLIC WATER SUPPLY <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> OTHER (SPECIFY) | | | | MEAN SEA LEVEL ELEVATION OF WELL | | | |
| | | | | STETY E RCRA SUPERFUND LANDFILL OTHER | | | |

MO 780-0230 (1 89)

DISTRIBUTION WHITE/DRILLER CANARY/DIVISION PINK/WELL OWNER
MAIL CANARY COPY TO WELL DRILLER'S FUND P O BOX 250 ROLLA MO 65401
ENCLOSE \$15 WATER WELL CERTIFICATION FEE WITHIN 60 DAYS AFTER WELL COMPLETION

40108597



SUPERFUND RECORDS